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INTELLECTUAL PROPERTY LAW

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**FACSIMILE TRANSMITTAL SHEET**

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<b>TO:</b> MAIL STOP AF	<b>FROM:</b> Kenneth F. Smolik
<b>COMPANY:</b> USPTO	<b>DATE:</b> February 4, 2005
<b>FAX NO.:</b> (703) 872-9306	<b>TOTAL NO. OF PAGES:</b> (including cover sheet) 19
<b>YOUR REFERENCE NO.:</b> 09/737,098	<b>OUR REFERENCE (C/M) NO.:</b> 005056.87281

**RE:** In re: Appln. Of Kanu Patel  
Appln. No. 09/737,098  
Filed: December 14, 2000  
For: Automated Information Access Via The Telephone Line

**OFFICIAL FAX**

*If you do not receive all page(s) or have any problems receiving this transmission, please call:*

<b>NAME:</b> Jasmin Santoyo	<b>PHONE:</b> 312-463-5560
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**COMMENTS:**

RESPONSE TO ADVISORY ACTION MAILED JANUARY 14, 2005

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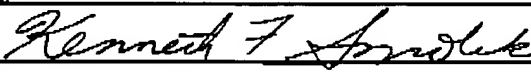
PTO/SB/21 (09-04)

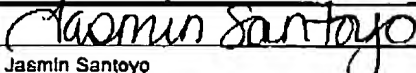
Approved for use through 07/31/2006. OM/B 0651-6031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/737,098	
	Filing Date	December 14, 2000	
	First Named Inventor	Kanu Patel	
	Art Unit	2645	
	Examiner Name	Gauthier, Gerald	
Total Number of Pages In This Submission	19	Attorney Docket Number	5056.87281

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet
Remarks: <b>The Commissioner is authorized to debit or credit any overpayment or deficiency from our Deposit Account No. 19-0733.</b> Duplicates of the fee sheets are attached.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm	Banner & Witcoff, LTD.	
Signature		
Printed Name	Kenneth F. Smolik	
Date	02/04/2005	Reg. No. 44,344

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Jasmin Santoyo	Date	2/04/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4516). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/737,098
		Filing Date	12/14/2000
		First Named Inventor	Kanu Patel
		Examiner Name	Gauthier Gerald
		Art Unit	2845
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 60		Attorney Docket No.	5056.87281

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_

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Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 30 (including Reissues)

50

25

Multiple dependent claims

200

100

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**

\_\_\_\_\_ -20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for 1-month extension of time

**Fees Paid (\$)**

\_\_\_\_\_

60

**SUBMITTED BY**

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone	(312) 463-5000
Name (Print/Type)	Kenneth F. Smolik	Date	02/04/2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and b) the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, prep. ing., and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2005. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816). <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/737,098
		Filing Date	12/14/2000
		First Named Inventor	Kanu Patel
		Examiner Name	Gauthier Gerald
		Art Unit	2845
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 60		Attorney Docket No.	5056.87281

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	55	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 30 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
-20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
<b>Extra Claims</b>		
<b>Fee (\$)</b>		
<b>Fee Paid (\$)</b>		
- 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for 1-month extension of time

Fees Paid (\$)

60

**SUBMITTED BY**

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone	(312) 463-5000
Name (Print/Type)	Kenneth F. Smolik	Date	02/04/2005		

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
(Attorney Docket No. 5056.87281)

In re U.S. Application of Kanu Patel )  
 )  
Application No. 09/737,098 ) Group Art Unit: 2645  
 )  
Filed: December 14, 2000 ) Examiner: Gerald Gauthier  
 )  
For: AUTOMATED INFORMATION ACCESS ) Confirmation No. 9085  
VIA THE TELEPHONE LINE )

**RESPONSE TO ADVISORY ACTION MAILED JANUARY 14, 2005**

Mail Stop AF  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper is responsive to the final Office Action mailed October 20, 2004 and the Advisory Action mailed January 14, 2005. Applicants concurrently submit herewith a Request for a one month extension of time, and corresponding fee. Applicants believe that no other fee is due in connection with this filing, however; should there be a fee due, the Commissioner is authorized to charge any fee such fees or credit overpayment to our Deposit Account No. 19-0733.

The **LISTING OF CLAIMS** section starts on page 2. No amendments have been introduced in this paper. The **REMARKS** section starts on page 8.